

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091597150

FILING DATE

6/20/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		1				
9		1				
10	1					
11		1				
12		2				
13		2				
14	1					
15		1				
16		2				
17		1				
18		1				
19	1					
20		1				
21		2				
22		1				
23	1					
24		1				
25		2				
26		1				
27		1				
28						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	29					
TOTAL CLAIMS	35					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						